



AMENDMENT TRANSMITTAL LETTER

Docket No.
42085-00028USPX

Application No.
09/864720-Conf. #2798

Filing Date
May 26, 2000

Examiner
C. B. Paula

Art Unit
2178

Applicant(s): Mats Tuneld et al.

Invention: METHOD AND APPARATUS FOR DISPLAYING INFORMATION

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims		- 20 =		x	
Independent Claims		- 3 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Submission of an Information Disclosure Statement					180.00
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Michael W. Maddox

Dated: October 4, 2004

Michael W. Maddox

Attorney Reg. No.: 47,764

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Signature: Carol Martin (Carol Martin)



2178
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PTO/SB/21 (04-04)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/864720-Conf. #2798
		Filing Date	May 26, 2000
		First Named Inventor	Mats Tuneld
		Art Unit	2178
		Examiner Name	C. B. Paula
Total Number of Pages in This Submission		Attorney Docket Number	42085-00028USPX

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
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<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	JENKENS & GILCHRIST, A PROFESSIONAL CORPORATION Michael W. Maddox - 47,764
Signature	
Date	October 4, 2004

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